

# APPLICATION FOR RECIPROCITY

North Dakota Department of Transportation, Materials & Research  
SFN 50854 (Rev. 06-2005)

List the certification you are applying for:	Date
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Name	Home Phone No. (    )	
Address	State	Zip Code
Employer	Work Phone No. (    )	
Employer Address, City, State, Zip	Driver's License Number	

## Education and Training (Include the latest versions of courses taken, along with which state it was taken in.)

	Course Name, State	Date Completed
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Attach Additional Sheets if Necessary

Send completed form and photocopies of current qualification/certification card (front and back if applicable) to:

North Dakota Department of Transportation  
Materials & Research  
300 Airport Road  
Bismarck, ND 58504-6005

Or fax to: 701-328-0310  
Telephone: 701-328-6900

<b>For Official Use Only</b>	
<input type="checkbox"/> Approved	
<input type="checkbox"/> Not Approved	
	_____ Signature
	_____ Date

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is voluntary. The individual's social security number is used as an identification number by the department/agency for file control purposes and record keeping.